

	STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	REGISTRATION APPLICATION: Change in Employment Form LA-50
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INSTRUCTIONS
<p>All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.</p> <p>This form is for Pharmacists, Interns, and Technicians to report a change in employment as required by the Board of Pharmacy. A change in Pharmacist in Charge should be submitted using Form BA-50 Change in PIC.</p>

LICENSE or REGISTRATION INFORMATION		
First Name	Middle Name	Last Name
Kansas License/Registration Number		Type: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Intern <input type="checkbox"/> Technician

NEW EMPLOYER INFORMATION			
Facility Name		Facility Registration Number	
Physical Address (non-residential, no PO Box)			
City	State	Zip	County
Phone	Facility Contact Person		Employment Start Date

PREVIOUS EMPLOYER INFORMATION (if applicable)			
Facility Name		Facility Registration Number	
Physical Address (non-residential, no PO Box)			
City	State	Zip	County
Phone	Facility Contact Person		Start Date End Date

APPLICANT CERTIFICATION	
<i>I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct, and complete to the best of my knowledge.</i>	

SIGNATURE	DATE SIGNED
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